



St. Matthew Lutheran Church & Early Childhood Center
Hawthorn Woods, IL 60047

Registration Form School Year
2023-2024

Student Information

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____ Nickname (optional) _____

Date of Birth: _____ City of Birth: _____ State of Birth: _____ Country of Birth: _____ Gender: ___ Male ___ Female

Baptized: ___ No Yes, on ___/___/___ Church: _____

Are both Parents living at home with child? _____ If no, who has custody? _____ Special Guidelines: _____ *See back for details

Hispanic/Latino Ethnicity? ___ Yes ___ No *See instructions on back

Race: Select 1 or more. Instructions on back.

___12- American Indian or Alaska Native ___13-Asian ___14-Black or African American ___15-Native Hawaiian or other Pacific Islander ___16-White

Is a language other than English spoken in your home? ___ No ___ Yes – Language: _____

Does your child speak a language other than English? ___ No ___ Yes – Language: _____

I wish to have contact information (address, phone number, email address) included in the School Directory: ___ Yes ___ No

Does your child have siblings? ___ Yes ___ No

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Student: _____ Home Church: _____

Street Address: _____ City, State, Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ May we send texts to this cell #: ___ Yes ___ No Work Phone: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Student: _____ Home Church: _____

Street Address: _____ City, State, Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ May we send texts to this cell #: ___ Yes ___ No Work Phone: _____

Emergency Contact Information/Pick Up Authorization

Name: _____ Home Phone: _____ Cell Phone: _____ Relationship: _____ City: _____

Name: _____ Home Phone: _____ Cell Phone: _____ Relationship: _____ City: _____

Special Guidelines:

****Proper paperwork will be required. Please talk to the school administrator for what is required****

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Instructions for Identification of Race and Ethnicity

We are required by the Federal and State authorities to report each student's race and ethnicity for the current school year. If you do not supply this information to St Matthew Lutheran Church & Early Childhood Center, a staff member is required to use visual observation techniques to record the missing data.

Please Call the school office if you have any questions. Please use the following descriptions to report your race and ethnicity according to the new descriptors from the Federal and State Authorities.

Ethnicity:

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)